

POSITION

INITIALS

ID NO.

DATE

**FEE DETERMINATION**  
**O.I.P.E. CLASSIFIER**  
**FORMALITY REVIEW**  
**RESPONSE FORMALITY REVIEW**

**INDEX OF CLAIMS**

Rejected  
Allowed  
Canceled  
Restricted

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Non-elected  
Interference  
Appeal  
Objection

Claim	Date	Claim	Date
1		51	
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Final	Original
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Final	Original
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If more than 150 claims or 10 actions  
Staple additional sheet here

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